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**Personal Information**

<u>Last</u>	<u>First</u>	<u>MI</u>	<u>SSN/DL#</u>	<u>Email</u>
<u>Home Address</u>			<u>Home Phone</u>	<u>Cell phone</u>
Are you over 18 years of age? Yes No				Date of Birth:

Are you entitled to work in the United States? Yes No

Have you ever been convicted of a felony or been incarcerated in connection with a felony? Yes No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you been previously employed at WCVS? Yes No

If so, what years and what location? \_\_\_\_\_

What position are you applying for? \_\_\_\_\_ Expected hourly rate: \_\_\_\_\_

Hours Desired per Week: \_\_\_\_\_ Date Available? \_\_\_\_\_

**Prior Work Experience**

**Please list the current or most recent employment first.**

Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Name of Immediate Supervisor: _____ Dates of Employment: _____
Position/Job Title: _____
Reason for Leaving: _____ May we contact them? Circle: YES NO
Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Name of Immediate Supervisor: _____ Dates of Employment: _____
Position/Job Title: _____
Reason for Leaving: _____ May we contact them? Circle: YES NO

*Please complete back side as well.*

Prior Work Experience (continued)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Position/Job Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ May we contact them? Circle: YES NO

Education/Additional Training

High School: \_\_\_\_\_ City, State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Post High School Education (list college, trade schools or other trainings):  
 School or Training Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Degree/Major or Certificate in: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 School or Training Name: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Degree/Major or Certificate in: \_\_\_\_\_ Date Completed: \_\_\_\_\_

References:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Length of Time of Acquaintance: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Length of Time of Acquaintance: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Length of Time of Acquaintance: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any animal and /or Customer Service Experience that you have:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Disclaimer: By signing, I hereby certify that the preceeding information is, to the best of my knowledge, correct. I understand that the falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. I understand that West Central Veterinary Services does run background checks on all potential employees. I also understand that drug testing may be requested before employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_